

YOUTH SERVICES

ADMINISTRATIVE REMEDY PROCEDURE FORM

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Received: \_\_\_\_\_

Name: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

Facility: \_\_\_\_\_ Living Area: \_\_\_\_\_

THIS IS A REQUEST FOR ARP

(You may ask your case manager or other staff members for help completing this form.)  
State your problem (WHO, WHAT, WHEN, WHERE AND HOW) and the remedy requested  
(what you want to solve the problem):

Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy requested: \_\_\_\_\_

Date of Incident/Occurrence: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This form must be completed within 90 calendar days of the date of the incident/occurrence and given to the ARP Coordinator or placed in the ARP/grievance box.

Screening - ARP Coordinator's Review

Rejected \_\_\_\_\_ Returned \_\_\_\_\_ Accepted \_\_\_\_\_ Screening Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Step One - ARP Coordinator's Recommendation and Director's Response

(Maximum Time For Processing: 21 calendar days)

ARP Coordinator's Recommendation: \_\_\_\_\_

Sent to Director on: \_\_\_\_\_ AC's Signature: \_\_\_\_\_

Director's response to your ARP Step One request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

Received Step One on: \_\_\_\_\_ Youth's Signature: \_\_\_\_\_

If you are not satisfied with this response, you may go to Step Two. The ARP Coordinator must submit your request to the Deputy Secretary within 10 calendar days after you receive the Step One response.

Request Step Two: \_\_\_\_\_yes \_\_\_\_\_no Reason for Step Two request: \_\_\_\_\_

\_\_\_\_\_

Date Step Two request received by AC: \_\_\_\_\_ Date Sent to Deputy Secretary: \_\_\_\_\_

AC's Signature: \_\_\_\_\_

Step Two - Deputy Secretary's Response

(Maximum Time For Processing: 21 calendar days)

Date Received: \_\_\_\_\_

Deputy Secretary's response to ARP Step Two request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Deputy Secretary's Signature \_\_\_\_\_

Date received Deputy Secretary's response: \_\_\_\_\_ Youth's Signature \_\_\_\_\_

If you are not satisfied with this response, you may seek judicial review. A request for judicial review must be filed with the 19th Judicial District Court, 222 St. Louis Street, Baton Rouge, LA 70802 within 30 calendar days after receiving the Step Two decision.